

12-14-00

A

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. GOOD1
First Inventor or Application Identifier Goodroe
Title CLINICAL OPERATIONAL AND GAINSHARING
INFORMATION MANAGEMENT SYSTEM
Express Mail Label No. EL 235894463US

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20221

1. ☐ • Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 41]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed. Sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
4. Oath or Declaration [Total Pages 2]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d)
(for continuation/divisional with Box 16 completed)
 1. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if application, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheets & documents))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of
(when there is an assignee) ☐ Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 ☐ Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
Should be specifically itemized)
* Small Entity
13. ☐ Statement(s) ☐ Statement filed in prior application
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other: _____

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL
ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE
FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.29).

6. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. ____ / ____
Prior application information: Examiner Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name Wm. Brook Lafferty, Esq.
Address Troutman Sanders LLP, 600 Peachtree Street, NE, Suite 5200
City Atlanta State GA Zip Code 30308
Country U.S.A. Telephone 404-885-3470 Fax 404-962-6773

Name (Print/Type) Wm. Brook Lafferty Registration No. (Attorney/Agent) 39,259
Signature Wm. Brook Lafferty Date December 13, 2000